

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00401299

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
03 01 2015 03 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 09 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		93762.04
(b) Cash on Hand at Beginning of Reporting Period.....	44864.78	
(c) Total Receipts (from Line 19)	12388.94	36816.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57253.72	130578.57
7. Total Disbursements (from Line 31)	22192.45	95517.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35061.27	35061.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	7501.77	21389.34
(ii) Unitemized	4887.17	15075.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	12388.94	36464.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12388.94	36464.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	352.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12388.94	36816.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12388.94	36816.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	192.45	517.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	192.45	517.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	95000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22192.45	95517.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22192.45	95517.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12388.94	36464.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12388.94	36464.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	192.45	517.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	192.45	517.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Lisa Dombro

Mailing Address 927 Prairie Avenue

City State Zip Code
 Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR110048116679

Amount of Each Receipt this Period

576.93

P/R Deduction (\$576.93 Monthly)

Full Name (Last, First, Middle Initial)

B. Stephanie DeFranco

Mailing Address 525 Sycamore Drive

City State Zip Code
 Milpitas CA 95035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR117492616679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

Full Name (Last, First, Middle Initial)

C. Michelle Cowens

Mailing Address 516 Goldenwest

City State Zip Code
 Huntington Beach CA 92648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR117602016679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

807.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph Ruma

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2015

Transaction ID : PR120637116679

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Brian Silva

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2015

Transaction ID : PR124957116679

Amount of Each Receipt this Period

576.93

P/R Deduction (\$576.93 Monthly)

Full Name (Last, First, Middle Initial)

c. Douglas G. Kott

Mailing Address 211 Claybook Rd.

City State Zip Code
 Dover MA 02030-2008

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2015

Transaction ID : PR78835816679

Amount of Each Receipt this Period

576.90

P/R Deduction (\$576.90 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1243.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Nicholas Brownlee

Mailing Address 12 Deer Grass Ln

City State Zip Code
 Acton MA 01720-4755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR78836516679

Amount of Each Receipt this Period

576.90

P/R Deduction (\$576.90 Monthly)

Full Name (Last, First, Middle Initial)

B. Robert P. Loeper

Mailing Address 10431 Oakbrook Dr

City State Zip Code
 Tampa FL 33618-5352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR78837516679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

Full Name (Last, First, Middle Initial)

C. Allen Mills

Mailing Address 129 West Trade Street, Suite 1050

City State Zip Code
 Charlotte NC 28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR78837916679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

807.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Erma Hall

Mailing Address 3850 N Causeway

City State Zip Code
 Metairie LA 70002-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR78839616679

Amount of Each Receipt this Period

114.00

P/R Deduction (\$114.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Deborah Harvey

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code
 Marietta GA 30066-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR78839716679

Amount of Each Receipt this Period

450.00

P/R Deduction (\$450.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Donna McCarthy

Mailing Address 5251 DTC Parkway, Suite 500

City State Zip Code
 Greenwood Village CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR78839916679

Amount of Each Receipt this Period

346.14

P/R Deduction (\$346.14 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

910.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Liam Walsh

Mailing Address 5809 Chatham Ln

City

The Colony

State

TX

Zip Code

75056-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR78840016679

Amount of Each Receipt this Period

201.00

P/R Deduction (\$201.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Kim Sonnen

Mailing Address 240 S Madison St

City

Denver

State

CO

Zip Code

80209-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR78840116679

Amount of Each Receipt this Period

390.00

P/R Deduction (\$390.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Paul ZabetakisMailing Address 920 Winter Street
Suite 303

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR78840516679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

706.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Anthony Hayes

Mailing Address 100 Galleria Parkway, SE Suite 500
Suite 500 - 5th Floor

City Atlanta State GA Zip Code 30339-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR78840716679

Amount of Each Receipt this Period

93.00

P/R Deduction (\$93.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Steven P Covino

Mailing Address 6 Williams Street

City Waltham State MA Zip Code 02453-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR78849516679

Amount of Each Receipt this Period

144.24

P/R Deduction (\$144.24 Monthly)

Full Name (Last, First, Middle Initial)

C. Carol A Ernst

Mailing Address 22370 N 64th Ave

City Glendale State AZ Zip Code 85310-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR78850016679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

352.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Matthew D Kinser

Mailing Address 750 Old Hickory Blvd Suite 230
 Suite 230

City State Zip Code
 Brentwood TN 37027-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2015

Transaction ID : PR78851516679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

Full Name (Last, First, Middle Initial)

B. Robert Sepucha

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2015

Transaction ID : PR78860816679

Amount of Each Receipt this Period

576.93

P/R Deduction (\$576.93 Monthly)

Full Name (Last, First, Middle Initial)

C. Sandra Geraci

Mailing Address 262 Berenger Walk

City State Zip Code
 West Palm Beach FL 33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2015

Transaction ID : PR78862916679

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

812.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Terry L Ketchersid

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR79797616679

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Catherine Dubinsky

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR81310816679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

Full Name (Last, First, Middle Initial)

C. William Fink

Mailing Address 32 Hartwell Ave

City State Zip Code
Lexington MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR83067516679

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

415.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Mignon Early

Mailing Address 124 Verdae Blvd

City State Zip Code
 Greenville SC 29650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR87330416679

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Jeffrey Hymes

Mailing Address 750 Old Hickory Blvd, Suite 230

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR93697816679

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)

C. William Perry

Mailing Address 920 Winter St

City State Zip Code
 Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR93698916679

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Peter Sauer

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR93699516679

Amount of Each Receipt this Period

165.00

P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Richard Van Zandt

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President - Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

Transaction ID : PR93700016679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

Full Name (Last, First, Middle Initial)

C. David Cariello

Mailing Address 2219 Hollywood Blvd, Suite 101

City

Hallandale

State

FL

Zip Code

33009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate & Construction Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

Transaction ID : PR94193216679

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

395.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Patrick McCarthy

Mailing Address 82 Belcher Dr

City State Zip Code
 Sudbury MA 01776

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR94193616679

Amount of Each Receipt this Period

360.00

P/R Deduction (\$360.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Joseph Winslow

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR94194116679

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Maria Burke

Mailing Address 129 West Trade Street, Suite 1050

City State Zip Code
 Charlotte NC 28202

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR94305316679

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

570.00

TOTAL This Period (last page this line number only)..... ►

7501.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland	State OR	Zip Code 97232
------------------	-------------	-------------------

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Ron Wyden

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2015

Transaction ID : 9064962

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Rob Portman

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Transaction ID : 9066154

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Continuing America's Strength & Security PAC - CASS PAC

Mailing Address PO Box 80505

City Baton Rouge	State LA	Zip Code 70898
---------------------	-------------	-------------------

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Continuing America's Strength & Security PAC - CASS PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2015

Transaction ID : 9067108

Amount of Each Disbursement this Period

5000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Debbie Stabenow

Office Sought: ☐ House
☒ Senate
☐ President

State: MI District:

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : 9071852

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Benjamin Cardin

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District:

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : 9072076

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Tim Scott

Office Sought: ☐ House
☒ Senate
☐ President

State: SC District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : 9086363

Amount of Each Disbursement this Period

5000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

Transaction ID : 9086364

Amount of Each Disbursement this Period

2500.00

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

22000.00
